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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number 54402002

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	الأجد حد	CL	AIMS AS	FIL	ED - P/	ART		n 2)		SMAL TYPE	L ENT	'ITY]	OF		THER	NTIT	ry
			li d	(Co	olumn 1)		(Coldin		1	RA	TE	FEE]	F	ATE	FE	E
TOTAL CLAIMS 49 NUMBER EILED NUMBER EXTRA								4	┞——		370.00	OF	RBAS	SIC FEE	740	.00	
FOR NOWIGETT INC.								1	XS	9=			RX	(\$18=	ڿ	22 (
TOTAL CHARGEABLE CLAIMS Minus 20=								†	-	12=				X84=	8	4	
INDEPENDENT CLAIMS minus 3 =									†	-			7		-280=		
MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2											40=		_	"` L _	TOTAL	173	346
* If t	he	difference in	column 1 is	less	than zer	o, ent DΔ	er "O" in c	olullili 2			TAL				OTHE!	R TH	AN TTY
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SI	MALL	ENTIT	_	R S	SIVIALL	_	DDI-
AMENDMENT A			(Column 1) CLAIMS REMAINING AFTER			HIO NU PRE	SHEST IMBER VIOUSLY	PRESENT EXTRA		F	RATE	ADDI- TIONAI FEE	AL		RATE	TI	ONAL FEE
			AMENDMEN		-110	PA	ID FOR	=	一	1,	(\$ 9=			OR	X\$18=		
		otal *			nus nus	***		=			X42=			OR	X84=		
AME	In	IRST PRESEN	ITATION OF	MULT	IPLE DE	PEND	ENT CLAIN	1			140=.			OR	+280	=	
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						_		(Colum	n 3)	AL	DIT. FE						
\ <u></u>			(Column CLAIMS				olumn 2) HIGHEST NUMBER	PRESI		١٢	RATE		DDI- ONAL		RATE		ADDI- TIONAL
A TNOMONTA			REMAININ		PREVI	REVIOUSLY PAID FOR			1			EE_		-	-+	FEE	
		Total	AMENDME *	Minus		**		=		1 L	X\$ 9=			OR	—	-+	
		Indopendent			Minus	**		=	- -	$\frac{1}{2}$	X42=			OR	X84	 =	
	FIRST PRESENTATION OF MULTIPLE DEPEN						IDENT CLAIM			+1		=		OR			·
											TOTAL ADDIT. FEE			OR A		OTAL FEE	
					<u>3) </u>												
	ပ ပ		(Colum CLAIN REMAIN AFTE	IS IING R			(Column 2 HIGHEST NUMBER PREVIOUSI PAID FOR	PRE LY EX	SENT	7 6	RAT	E TI	DDI- ONAI FEE		RA	ATE	ADDI- TIONAI FEE
	MEN	1. 1.	AMEND	MENT	Minus		**	=			X\$ 9)=		01	R X	18=	
	AMENDMENT C	Total Independent	*		Minus	1	***	=			X42	!=		0	RX	84=	1
	AM	FIRST PRESENTATION OF MULTIPLE DEPE					NDENT CLAIM				+14	0=		\int_{0}	R +2	280=	
							- 4- 40	" in column	3.	"oo"	L	OTAL		_		TOTA	
	*	If the entry in c If the "Highest ***If the "Highest	olumn 1 is les Number Prev	is than liously l	aid For" I Paid For" I	N THIS IN THIS	SPACE is le	ess than 20, ess than 3,	enter enter '	"20." '3." Imber f	ADDIT.	FEE L	opriate		ADU		
	,	If the "Highest If the "Highest The "Highest	Number Previ	ously P	aid For" (7	Total or	Independent	i) is the nigr	iest iit	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. 015	118	DEPART	MENT	OF COMME